

Personal Accident Insurance	On the last day of the month in which you leave employment.	On the last day of the month in which you leave employment.	On the last day of the month in which you change to an ineligible status, such as part-time.	You can continue your insurance for up to 12 months.	No continuation of coverage is available.
Dependent Life Insurance	On the last day of the month in which you leave employment; or on December 31 of the year in which they lose eligibility because they reach the maximum age or are no longer full-time students.	On the last day of the month in which you leave employment; or on December 31 of the year in which they lose eligibility because they reach the maximum age or are no longer full-time students.	On the last day of the month in which you change to an ineligible status, such as part-time, or on December 31 of the year in which they lose eligibility because they reach the maximum age or are no longer full-time students.	You can continue your insurance for up to 12 months.	If you had five years of continuous participation, you may convert your policy to an individual policy.
Business Travel Accident Insurance	The day on which you leave employment.	The day on which you leave employment.	If you change to a status other than full-time, part-time, or part-time, coverage ends the date you change status.	The day on which you become certified disabled.	No continuation of coverage is available.
Short-Term Disability	The day on which you leave employment.	The day on which you leave employment.	The day on which you change to an ineligible status. Part-time people should refer to page 7 of the "Your Time Away from Work" section of the <i>Guide to Employment</i> .	The day on which you become certified disabled.	No continuation of coverage is available.
Long-Term Disability	The day on which you leave employment.	The day on which you leave employment.	The end of the calendar month after the month in which you change to an ineligible status, such as part-time.	You are eligible for benefits.	If you were covered at least 12 months, you can convert this benefit to an individual policy.
Personal Assistance Service (PAS) Plan	For 60 days after the day on which you leave employment.	For 60 days after the day on which you leave employment.	For 60 days after the date on which you change to an ineligible status.	For 60 days after the date on which you become certified disabled.	No continuation of coverage is available.
MBNA 401(k) Plus Savings Plan	No additional contributions are permitted. You are, however, eligible to take a distribution of your account balance.	No additional contributions are permitted. You are, however, eligible to take a distribution of your account balance.	If you change to a status other than full-time, part-time, or part-time, no additional contributions are permitted.	No additional contributions are permitted. You are, however, eligible to take a distribution of your account balance.	You may continue to make investment changes to your account balance only.
MBNA Pension Plan	Generally, there is no additional crediting of benefits.	You are eligible for benefits.	If you change to a status other than full-time, part-time, or part-time, there is no additional crediting of benefits.	You will continue to accrue benefits.	No additional crediting of benefits. You may, however, be eligible to receive benefits.

\*A retiree is a person who reaches age 65 with at least 5 years of service at MBNA. You can also retire as early as age 50, provided you have at least 15 years of service and are within 15 years of your Social Security Normal Retirement Date as defined in the MBNA Pension Plan document. See the "Pension Plan" section for more information on retirees.

\*\*A transfer to an ineligible status includes any transfer from full-time or part-time to temporary or part-time. Some exceptions for changes to part-time status exist. These are described above.

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### CONTINUATION OF COVERAGE UNDER COBRA

If your medical, dental, vision, or health care flexible spending account coverage ends, you may be able to continue that coverage through COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985). This federal law provides for your right to continue these coverages in the following situations:

- If your coverage ends (or, in some cases, your contributions for coverage increase) because of retirement, leaving employment (except for gross misconduct), or a reduction in your hours of employment, you and your covered dependents can continue coverage for up to 18 months. This 18-month period may be extended to 36 months if other events (e.g., death, divorce, legal separation, or Medicare entitlement) occur during the original 18 months of continued coverage and you notify MBNA within 60 days of the event and within the original 18-month period. If you don't have coverage in a benefit area at the time of your leaving (for example, if you chose No Coverage in medical), you won't be able to arrange for continued coverage in that area.
- If your spouse or dependents become ineligible for coverage because of divorce or legal separation, or on account of your death, the people covered at that time will have the opportunity to continue coverage for up to 36 months.
- If a covered dependent child is no longer eligible because the child gets married, exceeds the age limit, or is no longer a full-time student, the child can continue coverage for up to 36 months.
- If you elect COBRA coverage after leaving employment or reducing your hours and if you, your spouse, or your dependents are disabled when your coverage ends, or become disabled within the first 60 days of COBRA coverage, the disabled person as well as his or her eligible family members can extend the continuation period from 18 months to 29 months. A disabled child who is born to, or placed for adoption with, a covered plan participant at any time during the continuation period is entitled to continued coverage during the first 60 days after birth or placement for adoption. You or



a covered family member must notify MBNA within 60 days of the Social Security Administration's determination that the individual is disabled and within the initial 18-month continuation period.

- If you become entitled to Medicare coverage (Part A or B), your spouse and dependents can continue coverage under the MBNA plans for up to 36 months if they would otherwise lose coverage.
- A child who is born to, or placed for adoption with, a covered plan participant during the continuation period is also eligible for continued coverage. The child's coverage period will be determined according to the date of the qualifying event that originally led to COBRA coverage.

If you do not choose to continue coverage under the above circumstances, your group health coverage will terminate.

If you, your spouse, or a dependent decides to continue medical, dental, or vision coverage under COBRA, you'll pay 102% of the full group rate (and up to 150% in certain cases of disability). The continued coverage will be identical to the coverage provided to similarly situated active people and their families. You may not add dependents or coverage at this time unless you have a baby, adopt a child, place a child for adoption, get married, or experience any other change in family status. Rates are subject to change.

To continue participation in the health care flexible spending account under COBRA, you continue to make contributions, but on an after-tax basis.

You'll receive additional information about how to continue coverage and the time frame in which it may be elected when your coverage ends. However, you, your spouse, or your covered dependent must notify MBNA within 60 days when your spouse or dependent becomes ineligible for coverage due to divorce, legal separation, or loss of dependent status, so that the person can receive information about continuing coverage.

Coverage continued under COBRA will terminate prior to the maximum continuation period for you, your spouse, or a dependent in any of these situations:

- The required monthly payments or contributions are not made on a timely basis;
- The person covered under COBRA becomes covered by another group health care plan (for example, another employer's plan) after the date on which COBRA coverage was elected, unless the plan has a preexisting condition exclusion or limitations that affect you or your dependents;
- You, your spouse, or the dependent covered by COBRA becomes entitled to Medicare on a date after the date of the COBRA election;
- Coverage was extended from 18 to 29 months because of a disability and the disabled family member recovers from the disability. If there is a final determination that the individual is no longer disabled, you must notify MBNA within 30 days of the determination and any coverage extended beyond 18 months will be terminated; or
- MBNA chooses to stop providing group health care benefits.

Please note that this is a summary of a very complicated federal law. If you have any questions about COBRA, please contact the MBNA Benefits department.

**IF YOUR EMPLOYMENT OR FAMILY STATUS CHANGES**

If you change your employment status, some of your benefits may be affected. If you go from full- or prime-time to part-time, your benefit coverages will end in accordance with the charts found on pages 10 and 11. Some benefits may continue through COBRA. If you go from part-time to full- or prime-time, your benefit coverages begin for all plans based on plan rules and your enrollment choices, and your eligibility for the savings and the pension plans is not affected.

If you have a change in family status, such as having a baby or getting married, you may be able to make changes in your benefit choices at that time.